**UNITED NATIONS** **DP**

**Executive Board of the United Nations Development Programme and of the United Nations Population Fund**

Distr.
GENERAL

DP/FPA/CP/191
30 December 1996

ORIGINAL: English

Second regular session 1997
10 - 14 March 1997, New York
Item 5 of the provisional agenda
UNFPA

# UNITED NATIONS POPULATION FUND
# PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Haiti

Proposed UNFPA assistance: $8.8 million, $6.3 million from regular resources and $2.5 million from multi-bilateral and/or other, including regular, resources

Programme period: 3 years (1997-1999)

Cycle of assistance: Second

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of $):

| | Regular resources | Other | *Total* |
|---|---|---|---|
| Reproductive health | 4.5 | 2.5 | 7.0 |
| Population & development strategies | 0.6 | - | 0.6 |
| Advocacy | 1.2 | - | 1.2 |
| *Total* | 6.3 | 2.5 | 8.8 |

/...

# HAITI

## INDICATORS RELATED TO ICPD GOALS*

| | | Thresholds* |
|---|---|---|
| Births attended by health professional (%)[1] | 20.0 | ≥60 |
| Contraceptive prevalence rate (15-44) (%)[2] | 10.0 | ≥55 |
| Access to basic health services (%)[3] | 50.0 | ≥60 |
| Infant mortality rate (/1000)[4] | 86.0 | ≤50 |
| Maternal mortality rate (/100,000)[5] | 600.0 | ≤100 |
| Gross female enrolment rate at primary level (%)[6] | 26.4 | ≥75 |
| Adult female literacy rate(%)[7] | 39.6 | ≥50 |

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*

[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*

[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*

[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*

[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*

[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*

[7] *UNESCO, Education for All - Status and Trends, 1994.*

## Demographic Facts

| | |
|---|---|
| Population (000) in 1995 | 7,180 |
| Population in year 2000 (000) | 7,959 |
| Sex ratio (/100 females) | 96.4 |
| Per cent urban | 31.6 |
| Age distribution (%) | |
| Ages 0-14 | 40.2 |
| Youth (15-24) | 19.5 |
| Ages 60+ | 6.0 |
| Percentage of women aged 15-49 | 48.4 |
| Median age (years) | 19.7 |
| Population density (/sq. km.) | 259 |
| Annual population growth rate (%) | 2.1 |
| Urban | 4.1 |
| Rural | 1.1 |
| Crude birth rate (/1000) | 34.1 |
| Crude death rate (/1000) | 10.8 |
| Net migration rate (/1000) | -2.8 |
| Total fertility rate (woman) | 4.6 |
| Life expectancy at birth (years) | |
| Males | 56.7 |
| Females | 60.2 |
| Both sexes | 58.4 |
| GNP per capita (U.S. dollars, 1994) | 220 |

*Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1994 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.*

1. The United Nations Population Fund proposes to support a population programme over the period 1997-1999 to assist the Government of Haiti achieve its population and development objectives. UNFPA proposes to fund the programme in the amount of $8.8 million, $6.3 million of which would be programmed from UNFPA regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $2.5 million from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. The proposed second programme would ensure that in the year 2000 the next cycle will harmonize with UNDP and UNICEF.

2. The programme was developed on the basis of the Government's programme strategy for UNFPA assistance, 1997-1999. As the national counterpart for the 1996 programme review and strategy development (PRSD), the Ministry of Health had created an intersectoral, mixed working group that included representatives of the Government and non-governmental organizations (NGOs) to elaborate the strategy. The programme has been designed in close consultation with other elements of the United Nations system and with other donors and NGOs working in Haiti. It also takes into account the recommendations of a 1995 study on contraceptive requirements and logistics management needs as well as lessons learned during the past programme of assistance.

3. The proposed programme is designed to help the Government prevent an immediate and further decline in the country's reproductive health services that could be caused by the difficult transition from donor-driven humanitarian and emergency assistance programmes to Government-owned development programmes. During this period of developing democracy, the challenge is also to increase the availability and improve the quality of these health services, given the very high unmet demand for reproductive health services, including for family planning, especially among rural women. The present situation is characterized by a very weak re-emerging public sector, marked by inadequate human resources and a lack of policy decisions and coordination as well as reliable data, including demographic data, at the central level. The public sector is currently undergoing a major two-year reform process to address these weaknesses. Thus, the long-term aim of UNFPA assistance to Haiti is to assist in strengthening public institutions in the areas of reproductive health and population and development strategies, including assisting the Government with the identification of the necessary demographic data.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, will be undertaken in accordance with the principles and objectives of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Haiti remains the poorest nation in the Western Hemisphere and its only least developed country. As one of two category "A" countries in the Latin American and Caribbean region, Haiti meets none of the threshold levels for the seven ICPD indicators established for the allocation of UNFPA resources. In the past five years, the combined impact of political and economic upheaval, an economic embargo and natural disasters have exacerbated Haiti's structural poverty problems. During the 1991-1994 crisis, the few existing public services broke down, and the delivery of basic services became dependent on NGOs and community self-help. For example, 70 per cent of all health services in rural areas are currently provided by NGOs. Despite their efforts, however, only 45 per cent of the population have access to basic health care and only 20 per cent of all births are attended by health professionals.

6. Although the period between 1987 and 1994 saw a decline in the total fertility rate from 6.3 children per woman to 4.6 (5.9 children for rural women and 3.7 for urban), maternal mortality remains very high (an estimated 600 per 100,000 live births). A significant proportion of these deaths may be the result of a large number of clandestine, unsafe abortions. A total of 32.4 per cent of women say they want no more children and 17 per cent indicate a desire to space their children by at least two years. A majority of men also expressed a wish to limit or space their children. While 98 per cent of men and women have knowledge of contraception, the contraceptive prevalence rate remains very low. Economic, rather than geographic, factors are the ones most commonly cited as limiting access to reproductive health, including family planning, services. Therefore, even though 80 per cent of all health centres offer family planning services, accessibility is limited.

7. Gender disparities remain a great concern in Haiti. One out of three women has never been to school, as compared to one out of four men. Women are the largest contributors to the informal economic sector, with 10 per cent of girls aged five to nine and 33 per cent of girls aged 10 to 14 estimated to be working. Poverty has increased internal and international migration and the male abandonment of families; an estimated 40 per cent of all households are headed by women. A recent survey showed that 70 per cent of women had suffered some type of violence, over 37 per cent of which was sexual violence. Another survey among pregnant women in an urban slum area found that 45 per cent had at least one sexually transmitted disease (STD). In the metropolitan area of Port-au-Prince, 7.4 per cent of sexually active girls were identified as HIV-positive.

UNFPA and other assistance to date

8. UNFPA's first country programme began in 1990 with a budget of $10 million for five years. All international donors, including UNFPA, suspended their programmes in late 1991. In 1992, under its existing programme, UNFPA started humanitarian assistance in maternal and child health and family planning (MCH/FP) until the return of the constitutional Government in late 1994. With its

extension of the programme for two years, until 1996, the Fund joined the international community in an emergency economic recovery programme and expanded UNFPA assistance beyond the area of reproductive health to include help in population and development strategies, including women's empowerment activities. After six years, UNFPA's first programme of assistance had spent $8.7 million of the $10 million authorized. Since the return of the constitutional Government, efforts have been made to strengthen public sector institutions, and a public sector reform is to be implemented. UNFPA's proposed programme will support these efforts and will be faced with the challenge not only to help prevent further decline in existing reproductive health services but to improve and increase them.

9. In the past, the Government successfully utilized NGOs for the improvement and expansion of its health services, providing, for example, paid public sector staff to NGO health centres. National NGOs with a proven track record and an effective partnership with the public sector have been key elements in the effective implementation of the UNFPA programme. To ensure basic services to the population and to meet their high expectations under the new democratic Government, the proposed programme will continue supporting and using the technical expertise and service delivery systems of NGOs, while simultaneously assisting those of the evolving public sector.

10. It is worth noting that during the difficult period from 1987 to 1994, Haitians' contraceptive prevalence rate actually increased -- a time when the United States Agency for International Development (USAID) and UNFPA were the country's sole donors in the reproductive health area. Through the transfer of substantial know-how and funds to the NGO sector during that period, it was possible for reproductive health services to expand. USAID, as the major donor in the population area in Haiti, will continue to make a contribution of around $10 million a year until 2001. Its annual contribution for contraceptives is limited to $450,000, including the social marketing of condoms, which has been very successful in the areas of male involvement and prevention of STDs, including HIV/AIDS. Assistance from additional donors such as the Netherlands, which is contributing $2.3 million over the years 1997-2000 for the social marketing of condoms, has also been mobilized.

11. The continued collaboration of UNFPA and USAID is also addressing the reproductive health and related information, education and communication (IEC) needs of adolescents, especially in the capital, where a special reproductive health centre was created by a national NGO. The Government now wants to use this successful experience nationwide as a way of helping to prevent STDs, including HIV/AIDS, and unwanted pregnancies for adolescents.

12. Canada provided funding for Haiti's population programme in 1996. The World Bank is assisting the national AIDS prevention programme and in the establishment of decentralized, peripheral depots for essential drugs. The Government will use part of its credits from the World Bank to fund contraceptives in 1997, for the first time. The Inter-American Development Bank and

the European Union are elaborating major health projects that will focus on certain geographical areas and will follow the Government's community-based, primary health care approach.

13. UNICEF and the Pan-American Health Organization (PAHO) have been providing joint assistance to UNFPA-funded activities in maternal and child health, including the training of traditional birth attendants. PAHO is also managing the country's central warehouse for essential drugs, which distributes UNFPA- and USAID-funded contraceptives. Despite excellent inter-agency collaboration and coordination in the areas of reproductive health and women's empowerment, areas such as emergency contraception, appropriate treatment of complications from unsafe abortions and medical treatment of sexual violence, as well as client counselling in all these areas, remain basically unaddressed. The new programme needs to identify agencies that can help address these issues.

Proposed programme

14. In light of Haiti's difficult institutional transition period and the urgent and extensive reproductive health needs of the population, the main thrust of the UNFPA programme will continue to be on reproductive health, including family planning and sexual health. A secondary emphasis will be on population and development. The overall strategy of the proposed programme is capacity-building at all levels while utilizing the existing capacity of NGOs to prevent a decline in the availability of services. As part of the Government's decentralization policy, human resources must be developed at the central level to ensure leadership, at departmental levels to ensure policy compliance and at communal levels to ensure delivery of necessary services.

15. Reproductive health. The sub-programme for reproductive health will contribute to the national goals of reducing maternal mortality and STDs, including HIV/AIDS, through working to increase contraceptive prevalence. Both objectives form an integral part of the Government's five-year, community-based, primary health strategy. In order to contribute to these national objectives, the sub-programme will assist the Government in providing health personnel with the necessary skills and knowledge to enable them to provide quality reproductive health services. Priority will be given to the training of "auxiliaires", who are usually the only personnel available in rural health centres. Training will concentrate on the priority areas identified by the Ministry of Health and Population, namely counselling for family planning and prevention of STDs, pre- and post-natal follow-up, and identification of high-risk pregnancies. The sub-programme will also ensure the availability of a broad range of contraceptive methods in each of the decentralized, peripheral depots for essential drugs.

16. The programme will assist the Ministry of Health and Population in setting up an effective cooperation mechanism with NGOs working in the areas of population and reproductive health. This mechanism would allow, for example, for transfer of the successful NGO experience with adolescents in the capital to other health centres and would help the Government respond to the growing demand for reproductive health services by young people and the corresponding need for IEC.

17. The Fund will support efforts for increased male involvement in reproductive health. A well-established NGO for IEC in the health sector has assumed leadership in this area. The proposed programme would provide technical and financial assistance both to the non-governmental and public sectors to help elaborate a national strategy and programme for involving men in reproductive health decisions. Assistance will also be provided to help promote better quality and more gender-sensitive reproductive health services, which will be developed jointly by the Government and all pertinent sectors, including grass-roots organizations and rural women's associations.

18. Haiti's contraceptive requirements and related logistics management needs have been estimated at $6.9 million for the next three years, of which USAID will provide $1.4 million. The Government will fund $720,000 out of World Bank credits in 1997. UNFPA will assist the Government in seeking additional funding for the final two years of the proposed programme. The Fund will contribute to the procurement of contraceptives on a declining scale in order to ensure that this key component of reproductive health is available throughout the country.

19. Population and development strategies. The priority of the sub-programme in the area of population and development strategies will be to strengthen the availability of human resources in population in national institutions at the central level through technical assistance in order to ensure that the population dimension is included in the formulation of plans and programmes. The Fund will also help improve the demographic database through the provision of technical assistance for the identification of needed demographic data and of alternatives to a full-fledged national population census in the short term.

20. Advocacy. The Fund's assistance in the area of advocacy will focus on helping the Government in achieving its goals in terms of women's reproductive rights, equity and equality. UNFPA, under the advocacy sub-programme, will help strengthen the Ministry of Women Affairs and Women's Rights through technical and financial assistance so that it can advocate effectively for the empowerment of women. The proposed programme will also assist the Government in making national decision makers and leaders of opinion aware of the need for integrating population into national policies and making them sensitive to the impact that reproductive health has on the quality of Haitians' lives, especially for adolescents.

Implementation, monitoring, evaluation and coordination

21. Given the Government's acceptance of NGOs as effective development partners and the present fragility of public sector institutions, a two-pronged programme implementation strategy will be used. First, existing national and international NGOs will be utilized to address immediate needs in reproductive health. Then, public sector capacities will be assisted in order to shift progressively the responsibility for programme execution to the Government. Technical backstopping and inputs are to be provided by the Country Support Team for Latin America and the Caribbean, PAHO and

other institutions, as needed. A mid-term programme review will be undertaken in 1998, building on annual reports and annual tripartite reviews of projects, to be organized by sub-programme area. Towards the end of 1999, a programme evaluation will be undertaken to identify the lessons learned from this post-conflict UNFPA programme of assistance and to assess programme results.

Recommendation

22. The Executive Director recommends that the Executive Board approve the programme of assistance for Haiti, as outlined above, in the amount of $8.8 million over the period 1997-1999, $6.3 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $2.5 million would be sought from multi-bilateral resources and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

---